



| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 016336-004610US | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|----------|--|------------|-------------------------|--|--|-------|------|----------|---|-------|-------|----------|--|--------|-------|--------|--|--------|-------|----------|--|--------|--------|----------|---|---|---|---|
| FY 2005 <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Number 09/980,564 | | Filed November 30, 2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For RECOMBINANT ADENOVIRAL VECTORS FOR CELL SPECIFIC INFECTION AND GENOME INTEGRATION AND EXPRESSING CHIMERIC FIBER PROTEINS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art Unit 1636 | | Examiner Maria Marvich | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="0" style="width:100%"><thead><tr><th></th><th style="text-align:center"><u>Fee</u></th><th colspan="2" style="text-align:center"><u>Small Entity Fee</u></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align:right">\$120</td><td style="text-align:right">\$60</td><td style="text-align:right">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align:right">\$450</td><td style="text-align:right">\$225</td><td style="text-align:right">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align:right">\$1020</td><td style="text-align:right">\$510</td><td style="text-align:right">\$ 510</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align:right">\$1590</td><td style="text-align:right">\$795</td><td style="text-align:right">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align:right">\$2160</td><td style="text-align:right">\$1080</td><td style="text-align:right">\$ _____</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> as authorized on the enclosed Fee Transmittal Form.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,354</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <table border="0" style="width:100%"><tr><td style="width:60%"><div style="text-align:center"> _____ Signature</div></td><td style="width:40%; text-align:right"><div style="text-align:right">04/29/2005 _____ Date</div></td></tr><tr><td style="text-align:center">Mark G. Sandbaken, Ph.D., Reg. No. 39,354 _____ Typed or printed name</td><td style="text-align:right"><div style="text-align:right">(650) 326-2400 _____ Telephone Number</div></td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> | | | | | <u>Fee</u> | <u>Small Entity Fee</u> | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 510 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ | <div style="text-align:center"> _____ Signature</div> | <div style="text-align:right">04/29/2005 _____ Date</div> | Mark G. Sandbaken, Ph.D., Reg. No. 39,354 _____ Typed or printed name | <div style="text-align:right">(650) 326-2400 _____ Telephone Number</div> |
| | <u>Fee</u> | <u>Small Entity Fee</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 510 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="text-align:center"> _____ Signature</div> | <div style="text-align:right">04/29/2005 _____ Date</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mark G. Sandbaken, Ph.D., Reg. No. 39,354 _____ Typed or printed name | <div style="text-align:right">(650) 326-2400 _____ Telephone Number</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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